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PTO/SB/05 (4/98)

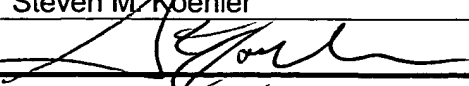
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))</small>		Attorney Docket No. M61.12-0618	
		First Inventor or Application Identifier Christopher Brockett	
		Title SYSTEM AND METHOD FOR REVERSE TRANSLITERATION USING STATISTICAL ALIGNMENT	
		Express Mail Label No. EV 388909318	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Address To: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17) <small>(Submit an original and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix)	
2. <input type="checkbox"/> Applicant Claims small entity status		8. Nucleotide and/or Amino Acid Sequence Submission <small>(If applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Sheets 28] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 7]		ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO – 1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request Under 35 USC 122 <small>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</small> 17. <input type="checkbox"/> Other:	
5. Oath or Declaration [Total Sheets 1] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).</small>			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation –in part (CIP) of prior application No: _____ <small>Prior application information: Examiner _____ Group/Art Unit: _____</small> FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. CORRESPONDENCE			
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>			
Name Steven M. Koehler WESTMAN CHAMPLIN & KELLY			
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17302 U.S. PTO
10/811273

032504

Name (Print/type)	Steven M. Koehler	Registration No. (Attorney/Agent)	36,188
Signature		Date	3/25/04

032504

16805 U.S. PTO

FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Atty. Docket Number

HEREWITH

Christopher Brockett

SYSTEM AND METHOD FOR REVERSE
TRANSLITERATION USING STATISTICAL
ALIGNMENT

Total Amount of Payment \$ 810

M61.12-0618

METHOD OF PAYMENT (Check One)

1. ☒ The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123.
Westman, Champlin & Kelly, P.A.

2. ☒ Check Enclosed

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee

Code	(\$)	Code	(\$)	Fee Description
1001	770	2001	385	<input checked="" type="checkbox"/> Utility Filing Fee
1002	340	2002	170	<input type="checkbox"/> Design Filing Fee
1004	770	2004	385	<input type="checkbox"/> Reissue Filing Fee
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$ 770**2. EXTRA CLAIM FEES**

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	15	20	0	18	0
Indep.	3	3	0	86	0

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity		Small Entity		Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent Claims
1204	86	2204	43	Reissue Independent Claims over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$ 0**FEE CALCULATION (Continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - Late filing fee or oath	
1052	50	2052	25	Surcharge - Late provisional Filing Fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For Filing a Request for Reexamination. (ex parte)	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1814	110	2814	55	Terminal Disclaimer Fee	
1452	110	2452	55	Petition to Revive - unavoidable	
1453	1,330	2453	665	Petition to Revive - unintentional	
1501	1,330	2501	665	Utility/Reissue issue fee (inc. advance copies)	
1502	480	2502	240	Design issue fee (inc. advance copies)	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40

Other Fee (specify) _____

Subtotal (3) \$40

Signature

(Steven M. Koehnler)

Reg. No. 36,188

Date

3/25/04Deposit Account No. 23-1123